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Developmental Psychology and Developmental Psychopathology (CLPS11054)

5.What do psychological theories and research reveal about the importance of adolescent development for mental health?

2047 words

Adolescents and Social Anxiety Disorders (SAD)

The adolescence is a time of enormous transition. An adolescent development, in the contemporary world, is influenced by various factors including biological, cognitive, psychological, social, and environmental developments (Acquah et al., 2015). This developmental phase often observes internalizing behaviour such as social anxiety and loneliness (Rapee and Spence, 2004). These constant episodes of social anxiety can take up an intense form of a severe disorder called a social anxiety disorder. Adjusting to a social environment can become a challenging task for early adolescents and they may become vulnerable to social anxiety (Kearney, 2006). In adolescents, the prevalence rate of social anxiety disorder is around 5-16% (Beidel et al., 2006). Diving into the topic of social anxiety, this essay will reflect on the developmental psychopathology and underlying risk factors resulting in social anxiety and social anxiety disorders in adolescents through revised aspects of traditional psychological theories and research in the literature. Following which, this essay will discuss comorbidity in social anxiety disorders with other psychiatric disorders such as panic disorders, substance abuse and depression, mention ramifications of the disorder and critically state the research limitations.

Social anxiety disorders (SAD) or Social Phobia (SP) is categorically marked as a major anxiety disorder, being the 3rd most common disorder after substance abuse and depression (Ollendick and Hirshfeld-Becker, 2002). According to DSM V, the diagnosis constitutes symptoms such as avoiding social interactions and situations, fear of negative outcomes and evaluation, anxiety related to performance and public speaking (American Psychological Association, 2013). Also, characterized by ranging physiological symptoms between blushing, sweating, nervousness, muscle tension and extreme symptoms such as heart palpitations (Alfano et al., 2006). Clinical data has mostly indicated the onset of SP in early to middle adolescence (Haller et al., 2015). With regards to adolescents, common traits observed in social anxiety are fear, apprehension to present themselves on a public platform and validation that arises from the constant worry of being unable to make a positive impression on others (Rapee and Spence, 2004). Adolescents facing social anxiety issues may indulge in social avoiding behaviour such as not making eye contact, avoiding a social situation and negative self-evaluation. These self-protective techniques can trigger the onset and maintenance of various psychological disorders including SAD (Ranta et al., 2015).

As developmental period can be characterized by biological, cognitive, and psychosocial changes, including pubertal maturation, perspective-taking, and identity development (Rapee & Spence, 2004), various theories in the literature have been proposed which talk about these developmental aspects of an adolescent. For example, Freud’s theory of psychosexual development (1920), strain theory of social pressure

(1948), Piaget (1947) and Elkind's (1959) theories of cognitive development and many more. However, there has been a conflict among researchers on the risk factors that are responsible for the etiology and maintenance of SAD as the underlying mechanisms often overlap and intersect with each other (National Collaborating Centre for Mental Health, 2013). This paragraph will talk about the risk-factors specific to the onset of SAD with the help of revised aspects of traditional theories of adolescent development studied throughout the literature. Referring to the neuro-biological development, Hall's theory (1904) emphasized on the direct relationship between physical and psychological development in adolescents, owing to the hormonal changes occurring in the body (Worell et al., 1989). SAD in adolescents is marked by the secretion of hypothalamic-pituitary-gonadal axis hormones activating growth spurt, physical and sexual body alterations (Ranta et al., 2015). Following supporting evidence in the literature have confirmed the neurobiological changes in the body. In a study conducted by Etkin and Wager that conducted a meta-analysis of neuroimaging studies of SAD and came up with a model of "fear circuit" consisting of amygdala region, insula, and adjacent gyrus and noted an exaggerated activity in this fear circuit (Brühl et al; 2014). In a study of fear perception in adolescents (N=16), amygdala activity is shown to be positively related with fearful stimuli and different aspects of social phobia including peer victimization, public performance anxiety, humiliation and not associated with most measured non-social activities (Killgore and Yurgelun-Todd, 2005). Genetic influence can also play a crucial role and generate neurological structures in the body which can lead to increased vulnerability in the social world, negative affinity to socially intimidating cues and perceiving them as a potential threat on self (Acquah et al., 2015).

One of the prominent yet underrated risk factors that activate the onset of SP is behavioural inhibition (BI). BI can be defined as a set of behavioural and emotional responses to hostile and threatening situations, places, and people. Such responses include restraint or shy behaviour, submissiveness, social withdrawal, and low self-esteem (Epkins & Heckler, 2011). Statistics show that 15% of children show extreme BI and that almost half of these inhibited children will eventually develop SAD in their early adolescence making BI as one of the largest single risk factors for developing SAD (Clauss & Blackford, 2012). Compared to other anxiety disorders, BI has shown a higher affinity towards SAD making it a major defining risk factor (Hirshfeld-Becker et al., 2010). However, according to Piaget's and Elkind's cognitive theory of adolescent development, adolescence period marks a transition by the processing of complex and abstract emotions developing a self-perception which could be different from family and peers (Barrouillet, 2015). This perception sometimes generates cognitive functional impairment (Spokas et al., 2007). Several studies in the literature have supported the statements that impairment in socio-cognitive processes provoke a sense of social withdrawal (Porcelli et al., 2019). These cognitive distortions include inclination towards negative outcomes, traumatic experiences, and perceiving the social world as less accepting and more

threatening (Acquah et al., 2015). Experimental studies such as comparing cognitive distortions (N=102) between social anxious individuals and a control group (Kuru et al., 2018) and establishing an association between cognitive distortions and social anxiety symptoms (N=255) in males and females (Cook et al., 2018) have purported that these cognitive distortions can effectively lead to social withdrawals and in turn, social anxiety disorders (Haller et al., 2015).

The adolescence is also marked by a transition in the change in social setting from parents' "unilateral authority" to peer's mutually reciprocal relationship which comprises of diverging and conflicting ideology affecting an adolescent's psychological and psychosocial development (Smith et al., 2015). Studies have shown that social anxiety in teenagers is also linked to the over-protective and less-warmth behaviour of the parent (Festa & Ginsburg, 2011). Early adolescence in a usual scenario, is also characterized by forming close relationships with peers and peer groups. The peer groups are highly influential in developing an adolescent's identity and perception of the social world (Dumas et al., 2012). An adolescent usually seeks for peer homophily (friends with similar characteristics and behaviour) in order to be accepted and adjust in the peer groups (Kiesner et al., 2004). However, when an adolescent does not receive such support from peer groups, their perceptions about the self and the world start to change. They start receiving peer rejection which causes a considerable amount of distress (Rapee and Spence, 2004; Epkins & Heckler, 2011). Owing to their low esteem and less intimate friendship, they become vulnerable to Peer Victimization (PV). PV is multifaceted. It can either be direct (getting scrutinized by peers in the form of physical or verbal abuse) or relational (manipulating interpersonal relationships by social avoidance) (Siegel et al., 2009; Stapinski et al., 2014). Old surveys indicate that 5-15% of adolescents suffer from PV (Warren et al., 1997). However, in recent studies, two of the prominent factors that trigger PV are social phobia and loneliness. Studies have found a relation between peer victimization, social phobia and loneliness and suggested that early adolescent experiences of social phobia reported in PV (Rapee and Spence, 2004). However, PV and SP share a bi-directional relationship where social anxiety exacerbates the risk of PV and vice versa (Ranta et al., 2012).

All the evidence mentioned above concerning the risk-factors of social phobia i.e., impairment in neuro-biological changes, genetic changes, behavioural inhibition, distortions in socio-cognitive processes, parental rejection and peer victimization, can also be responsible for causing other mental disorders. This phenomenon is called comorbidity. Comorbid disorders, in general, are highly prevalent in clients with SAD. In adolescents, studies have shown an association between peer victimization (one of the risk factors of SP), clinical depression, and SAD (Ranta et al., 2009). This can be supported by experimental studies (Beesdo et al., 2007). In the National Comorbidity Survey of 1996, 81% of those with a diagnosis of social phobia also met criteria for

another disorder (Acquah et al., 2015). In addition to that, studies have found the presence of SAD with other major depressive disorders including panic disorders, substance abuse and depressive symptoms in about 28-41% of youth (Epkins & Heckler, 2011). According to DSM V, SAD shows the highest comorbidity with avoidant personality disorder (a disorder marked by extreme shyness and fear of rejection) and vice-versa as compared to other psychiatric disorders (American Psychological Association, 2013). To illustrate the relation between the onset of SAD along with other disorders, a study was conducted (N=50) among early adolescents to establish an association between different cognitive measures of social anxiety (another risk factor of SP), social expectations, and performance rating of social tasks by self and observers. Results indicated that high levels of social anxiety are correlated to negative cognitive processing of social situations (Alfano et al., 2006).

In association with the comorbidity with other psychiatric disorders, SP has other long-term ramifications including prolonged socio-cognitive impairment (Beidel et al., 2006), social anxiety persisting in adulthood, self-injurious behaviour (suicidal tendencies and attempts) (Kim et al., 2015) and low self-esteem for a long time due to a deficit in academic achievement (Gren-Landell et al., 2008).

Despite making tremendous progress in the etiology of SAD, researchers lag in finding the exact factors leading to the disorder (Acquah et al., 2015). An early diagnosis can aid in early intervention of SP which can also prevent the subsequent possibilities of depression and other mental disorders (Beesdo et al., 2007). Moreover, with the comorbid disorders in socially anxious adolescents, it can be prolonged till adulthood with a more severe course of depression (La Greca et al., 2016). Another drawback found in the literature of SAD in adolescents is that there is a dearth of evidence of social anxiety and related disorders among the LGBTQ+ community. People belonging to this community experience criticism and bullying regularly (Berry, 2018). This constant victimization can lead to major depressive disorder including SAD (McConnell et al., 2015). Though there are emerging anti-bullying policies implemented for the protection of LGBTQ+ community, there does not seem to be enough evidence to suggest interventions and anti-bullying policies for peer victimization for the community occurring specifically as a result of social anxiety or social anxiety occurring as a result of peer victimization.

To summarize, this essay encapsulated the possible risk factors (derived from the aspects of traditional psychological theories and research) responsible for causing social anxiety in adolescents. Throughout the literature, there is substantial support of how neurobiological, genetic, socio-cognitive, and environmental theories of adolescent developments lead to the onset of social anxiety disorders, as discussed in the essay. However, in the present world, with the boom of online technology and social media, it has added an extra layer of self-protection on socially anxious adolescents which

exacerbates their symptoms and makes even more difficult to deduce a specific set of factors leading to social anxiety (Yayan et al., 2016). One of the dominant factors triggering SAD, i.e., peer victimization, has been studied for several decades and produced other conclusions such as abusive nature in romantic relationships (Siegel et al., 2009) and increased suicidal ideation (Cohen & Kendall, 2014). Hence, more targeted research is needed on how the interplay and intersection of all these mentioned factors can help in accurately diagnosing SAD. The comorbidity of social anxiety, however, remains a concerning part as through the research, it can be concluded that it subsequently leads to other psychiatric disorders (American Psychiatric Association, 2013) which minimizes the saliency of SAD against other disorders. As social phobia act as a precursor to other major psychiatric disorders such as depression, panic disorders and substance abuse, it is imperative to understand the etiology and symptomatology of social phobia in order to understand these other disorders (Acquah et al., 2015).

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